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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

	,				
In re Application of:)				
Kwong et al.)	Examiner:	Jamal, Alexander		
Application No: 10/023,018)	Art Unit:	2643		
Filed: December 17, 2001)				
For: An Antenna On a Display					
AMENDMENT					
					
Mail Stop: Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450					
Sir:					
In response to the Office Action mailed May 23, 2005, applicants respectfully request					
the Examiner to enter the following amendments and to consider the following remarks.					
FIRST CLASS CERTIFICATE OF MAILING					
I hereby certify that I am causing the above-referenced correspondence to be deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and that this paper or fee has been addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450					
August 23, 2005					
Date of Deposit					
Leah Schwenke					
Name of Person Mailing Correspondence					
Slah Schwenke		August 23, 2005			
Signature			Date		

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		Complete if Known			
FEE TRANSMITTAL	Application Number	10/023,018			
for FY 2005	Filing Date	December 17, 2001			
Patent fees are subject to annual revision.	First Named Inventor	Wah Yiu Kwong			
1- <u></u>	Examiner Name	Jamal, Alexander			
Applicant claims small entity status. See 37 CFR 1.27.	Art Unit	2643			
TOTAL AMOUNT OF PAYMENT (\$) 0.00	Attorney Docket No.	42390P11691			
		1 12370111071			
METHOD OF PAYMENT (check all that apply)					
□ Check □ Credit card □ Money Order □ None □ Other (please identify):					
Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below	_ ~ ` ` ` `	indicated below, except for the filing fee			
Charge any additional fee(s) or underpayment of fee(s)	s) 🛛 Credit any over	erpayments			
under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.					
FEE CALCULATION					
1. EXTRA CLAIM FEES Extra Fee from					
Claims below Fee Paid Total Claims 00 07* 00 07* 50 00 00 00 00 00 00 00 00 00 00 00 00					
Independent 20 27 = 0 X 50.00 50.00					
Claims 3 0 X 200.00 - \$0.00					
Multiple Dependent					
Large Entity Small Entity Fee Fee Fee Fee Fee Description					
Code (5) Code (5)					
1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3					
1203 360 2203 180 Multiple Dependent claim, if not paid					
1204 300 2204 150 **Reissue independent claims over original patent **or number previously paid, if greater, For Reissues, see below 1205 300 2205 150 **Reissue claims in excess of 20 and over original patent **or number previously paid, if greater, For Reissues, see below					
SUBTOTAL (1) (\$) 0.00					
2. ADDITIONAL FEES Large Entity Small Entity					
Fee Fee Fee Fee					
Code (5) Code (5) Fee Description		Fee Paid			
1051 130 2051 65 Surcharge - late filing fee or oath 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet.					
1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet. 2053 130 2053 130 Non-English specification					
1251 120 2251 60 Extension for reply within first month					
1252 450 2252 225 Extension for reply within second month 1253 1,020 2253 510 Extension for reply within third month					
1254 1,590 2254 795 Extension for reply within fourth month					
1255 2,160 2255 1,080 Extension for reply within fifth month 1401 500 2401 250 Notice of Appeal					
1402 500 2402 250 Filing a brief in support of an appeal					
1403 1,000 2403 500 Request for oral hearing 1451 1,510 2451 1,510 Petition to institute a public use proceeding					
1460 130 2460 130 Petitions to the Commissioner 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)					
1806 180 1806 Submission of Information Disclosure Stmt					
1809 790 1809 395 Filing a submission after final rejection (37 CFR § 1." 1810 790 2810 395 For each additional invention to be examined (37 CF					
Other fee (specify)					
SUBTOTAL (2)		(5)			
SUBMITTED BY		Complete (if applicable)			
		Complete (il applicable)			

Registration No. (Attorney/Agent)

46,322

(303) 740-1980

08/23/05

Telephone

Date

Mark L. \

Name (Print/Type)

Signature